Missouri Credentialing Board

(573) 616-2300
(573) 616-2303 (FAX)
www.missouricb.com
email: help@missouricb.com
515 E High St, Suite 202
Jefferson City, MO 65101

Dear Applicant:

Following is the Felony Offense Form that must be filled out and returned with your application for a MCB credential.

Additional items that should be included with this form are:
1) Verification that you are completely off all court supervision

All materials submitted to the MCB will be considered during your application review. The Board reserves the right to deny an application based on past felony offenses. However, the Board also recognizes that people and circumstances do change. Consequently, a history of felony offenses does not mean that an application will not be approved. The authority to make this decision rests solely with the Board.

If you have any questions, please feel free to contact the MCB Board office at 573-616-2300.

Sincerely,
Stacey Langendoerfer
Director

FELONY OFFENSE FORM

NAME: _____

What credential are you applying for?: _____

Felony arrest(s) and date(s):_____
_____
_____

Felony conviction(s) and date(s):_____
_____
_____

State where Felony arrest/conviction occurred: _____
For an arrest/conviction in any state other than Missouri, request your criminal history report from that state to include with this Felony Offense Form.

Sentence(s) received for conviction(s), including any probation or parole: _____
_____
_____

Dates sentence(s) served and date(s) completed: _____
_____
_____

Are you presently under court supervision of any kind? _____
(You may not apply for a MCB credential while under court supervision)

Provide details related to your arrest(s)/conviction(s):
_____
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If your felony offense was related to alcohol/drug addiction, please provide information and/or documentation regarding any purported sobriety or clean time.

_____
_____
_____
_____
_____
_____

Use this space to make any other comment or statement regarding your arrest(s) or conviction(s) and your life since:

_____
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_____

APPLICANT'S SIGNATURE:

Your signature assures that all of the information that you provided in this form is complete and true and that you accept the Board's responsibility and authority to approve or not approve any application for credentialing by the Board.

_____

Applicant's Signature Date